2411 N. Charles St., Baltimore 23-0

CERTIFICATE OF DEATH

1. PLACE OF DE.	Some	rset		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Princ	ess A	nne	State Maryland Co	Somerset	
How long in above place	outside city or town line of death? 7 yes street address where thamp	nits, write R	URAL and give nearest town)	City or town Princess (If outside city or town limit Hampton A	Anne ts, write RURAL and give near	
How long in hospital or	r Institution?			. 2.(a) If veteran, name war		
3. (a) FULL NAM	SOLON	MAN A	DAMS		3. (b) Social Security 1	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	Colored	Ma	rried	20. DATE OF DEATH. March		179
5.(b) Name of husband 7. Birth date of deceased (mo., day.)	Decer	6. (c	Adams) If allve, give age	21. I CERTIFY that death occurred on the date at 18 and that I last saw h		sed from
8. AGE: Years	Months	Days 15	If less than one day	Immediais cause of death		OURATION
fD. Usual occupation	Farme	omerse county, and a er cultur		Due to		
12. Name		***************************************		Other conditions		***************************************
14. Malden name.		Wilki set C	ns ounty, Md.	(Include pregnancy within 8		
18. Informanf	Pearl	Cole		Autopsy results.		
		Rainev	St., Chester	PHYSICIAN: Please underline the cause to	which death should be charged a	statistically.
17(Burial, cremation	Buria n. or removal, Which?) Marum	11 Date there	Mar. 16,194	- an MIGIENCE, if don't was due to external es	auses, fill in the following;	
Location	***************************************		ion, Maryland	Injured at home, farm, industry, public place (where?)	
f8. Funeral director	н. Не	rvey	Bradshaw	Means of Injury	injured at work?	
Address March		rield,	J. Johnson	23 DIGNATURE Trank	M. D. o	or other 3/47

MARGIN RESERVED FOR BINDING

VS A15 943-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. They is especially important. Physicians: please write the causes of death clearly and legibly

correct age

RECEIVED

MAR 14 1947

BUREAU V B.

2411 N. Charles St., Baltimore That

CERTIFICATE OF DEATH

or. Diat. No. 265

	CERTIFICATE E	OI DENIII	Reg. Dist. No.
1. PLACE OF DEATH: M = Cready County	nd give nearest town)	Cliy or town. (If outside city or town limit Street No. (If rural, give 2.(a) It veteran, name war.	ounty. Owner to take the total of the total
			11 ord
Male white Married	, widowed, or divorced	MEDICAL C	26 1947 at M
Trances V. A.	Seauckams	21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) De sternber 2 3	give age) to
6. AGE.	s than one dayhrsmin.	Cilcol Co	ronoug "
9. Birthplace	Plined	Oue acerta ("and	Sufaction Dioc
11. Industry or business 12. Name		Other conditions.	Lon
14. Malden name		(Include pregnancy within 8	3 months of death)
16. Informant Frances Beauc		Aotopsy results	
Address 17. Barrial (Burial, cremation, or removal. Which?) Date thereof	(month) (day) (year)	22. VIOLENCE: If death was due to external c	Date ot
Cemetery or crematory Science Ridge		Where did injury occur?(City or town	
18. Funeral director. Howard H. H. Address 306 Wain ST Car	selfard!	Many of pjury	Injured at work?
19. Mar 4 9 (Date rec'd by registrar)	hason M	Offignature Washington	Data Signed 9 47

MARGIN RESERVED FOR BINDING

NCY UNFADING INK. Supply every item of information carefully. The mportant. Physicians: please write the causes of death clearly and legibly

PLAINLY, is especially

WRITE

PLEASE

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correct

Wi george Coulbourne.

RECEIVED

APR 12 1947

BUREAU V &.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			-2	70
Reg.	Diat.	No.		70

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)
County Hazzital McCagady, Chi	The same of the sa
City or town	City or lown
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or Institution? 14 luss. 35 mic	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Bishop Jr.	3. (b) Social Security Number
4. Sex M. 5. Color or race (a) Single, married, wildowed, or divorce	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 15 1947 of 74
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Drold 18 — 1947, to 2011 15
7. Birth date of deceased (mo., day, yr.) Qua. 21, 1945	and that I last saw harmalive on MCS 4 4 198
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATID
9. Birthplace Waiton Sta. Formerse (Town, county, and state)	Due to acut replication 3 dep
1D. Usual occupation.	Due 1 James Queman
11. Industry or business 12. Name Broy Bishop 13. Birthplace Marison Sta. Ma	Dther conditions
14. Maiden name. Change Scooling 15. Birthpiace Worth Carolina	(Include pregnancy within 3 months of death) Major findings of operations.
El 15. Birthpiace 1611. 16. Informant Clause Bishup	Autopsy results.
Address Marien sta, Md	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Branch Cornotes	Where did Injury occur?
Location Mayon Sta. Md.	Injured al home, farm, Industry, public place (where?)
18. Funeral director Clauda . Manda	Msens of Injury Injured at work?
Address Marion Sta., Md:	23. SIGNATUBE Surge Caulloun Para
19 Hook 17 1947 June & Ar Man	M. D. or other

RECEIVE

MAY 15 1947

he correct age

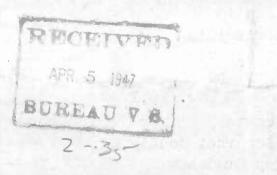
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9800

CERTIFICATE OF DEATH



1. PLACE OF DE	Somers	0+		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Somerset		
County	Ewoll.		••••••••••			
City or town	DVV CLL	mits, write R	URAL and give nearest town)			
How long in above place	of death? 61	years		City or town. Ewell (If outside city or town limit	s, write RURAL and give ne	arest town)
Hospital, institution, or	r street address where t	death occurred	1	Street No.		
***************************************					LOCATION)	010010001100000000000000000000000000000
How long in hospital o	r Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		tha	Bradshaw		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	W	idowed			11.304.
				2D. DATE OF DEATH		
			Bradshaw	21. I CERTIFY that death occurred on the date ab		
9 Blath data of		S.(e	e) If alive, give ageyears	and that I last saw h.C.T. alive on	Warch 17th.	10/17
deceased (mo., day,	уг.) _]	May 1	5, 1864	Immediaic cause of death		
8. AGE: Year	s Months	Days	It less than one day	Arteriosclerotic		
	82 10	2		(Salas) (SA) (Salas Salas S		
Mar	ngier-Acc	omac-	Virginia			Currantanti
9. Birthplace	(Town,	eounty, and	tate)	Oue 10		*
1D. Usual occupation.	House	wife		Detr	***************************************	**
11. Industry or busines					***************************************	***
	AT our Com	ocket	t	Arthritis	Deformans	7 years
12. Name	Tangier			Dther conditions		plus
				(Include pregnancy within 8	months of death)	
王 14. Maiden name.	Kathryn	Prul	UU	Majsr findings of sperations		
14. Maiden name 15. Birthplace	Tangier	, Vir	ginia			
16. Intermant	Calvin	Brads	haw	Antopsy results	*****	
Address	Ewell, 1	Maryl	and	PHYSICIAN: Please underline the cause ts w		statistically.
				22. VIOLENCE: If death was due to external ca		
(Buriai, cremation	n, or removal. Which?)	Date ther	eet Mar. 20, 1947.	Accident, suicide, or homicide	Date of	
Cemetery or cremat	on Ewell (Cemet	ery	Where did injury occur?	(County)	(State)
Location	Ewell.	Some	rset County Md.	Injured at home, farm, Industry, public place (w	where?)	
	H. Har			Means of Injury	Injured at work?	
Address			Ma ryl and	23 SIGNATURE M. G. Cha Ewell. Marylar	0 ~~	n.
1	1 1.	1/1	3/17/	23 SIGNATURE III. A. Cha	mbers, M	, 57
19/1arch	20 19 47.	. 7	Himman, 11	Ewell, Marylan	nd M. D.	3720/47
(Date rec'd by re	egistrar)	1 1 1	Q Registrar	Address	Date signed.	



2411 N. Charles St., Baltimore Bir

CERTIFICATE OF DEATH

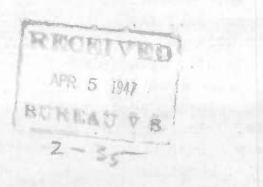
03174 Reg. Dist. No. 2650

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cristiald	State Maryland County Somerset		
City or town	Cmiafiald		
How long in above place of death? 50 years	City or town		
Hospilai, Institution, or street address where death occurred:	Street No. 113 S. 4th Street		
TIOD: TOTO.	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME ALEX BRISCOE	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	20. DATE OF DEATH March 9 19 47 at 6:30		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. and that I last saw h. Land alive on 19. 4.7.		
accesed (mod ant) has	Immediaic cause of death DURATION		
6. Aug.	3 wh		
9. Birthplace Leonard town-St. Marys-Maryland (Town, county, and state) 10. Usual occupation Farmer	Due 10. Charace aux dis 3 Due 10. Charace Mejahritis 3		
11. industry or business Agriculture			
Abraham Briscoe 12. Name St. Marys Co., Md.	Dther conditions		
13. Birthplace St. Marys Co., Md.			
Laura Jane Windsor	(Include pregnancy within 3 months of desth)		
工 14. maigen name	Major findings of operations.		
— 1 13. Bittiplace	Date of op.		
Banjamin Briscoe	Autopsy results		
Address 113 S. 4th St., Crisfield	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, till in the tollowing;		
Burial Burial Date thereof March 12, 194	Accident, suicide, or homicide		
Lawsonia Colored Cemetery	Where did Injury occur?		
Cemetery of Crematory			
Lawsonia, Crisfield, Md.	tnjured at home, tarm, Industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?		
(1 a Renter mil		
Address Cristieid, Daryland	23. SIGNATURE M. D. of other		
(Date rec'd by registrar) (Date rec'd by registrar)	Address Oruspield Md Date signed 3/10/47		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly,

9-45-15M VS A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Somerset		
County			
VILY UT 10 WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	IInner Feirmount		
How long in above place of death? LIIEUIME	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. Rural		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) if veteran, name war		
3: (a) FULL NAME	3. (b) Social Security Number		
WILLARD HOPE CROSWELL			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH March 29 19.47 at 9:15 7		
6.(b) Name of husband or wife Ella White Croswell	21. I CERTIFY that, death occurred on the date above stated; that I attended deceased from		
5.(b) Name of husband or wife	3/2 7 19.4 7, to 3/2.8/4.7 19		
7. Birth date of October 20 1000	and that I last saw h. J. M. alive on 3/2 T/47 19		
deceased (mo., day, yr.) October 29, 1870	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Myocarded failure 3day.		
76 5 0hrsmin.			
9. Birthplace Upper Fairmount-Somerset-Me (Town, county, and state) 10. Usual occupation Building	Due to		
William S. Croswell 12. Name Marion, Md.	Diher conditions accele Obermentis France 2 day		
Martha Pearson	(Include pregnancy within 3 months of death)		
Martha Pearson 14. Maiden name Upper Fairmount, Md.	Major findings of operations		
Ed Croswell	Date of op.		
16. Informant	Autopsy results		
Address Upper Fairmount, Md.	22. VIOLENCE: if death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal, Which?) Burial (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Private Cemetery Camelory or cramators			
ocincially or stematory	Where did injury occur?		
Upper Fairmount, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?		
Crisfield Nd ,	en a all com		
Address VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	23 SIGNATURE THE CONTROL OF THE MAN D. or other		
10 11/2/ 1047 K. X. Johnson !	MARU / P		
(Date rec/d by registrar) Registra	Address Address Que Date signed /3//4		

MARGIN RESERVED FOR BINDING

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly.

ENOT EGVON

2411 N. Charles St., Baltimore 932



03175

CERTIFICATE OF DEATH

Reg. Dist. No. 2650

1. PLACE OF DEA	Some	rset		2. USUAL RESIDENCE (HOWE) OF DECEASED: (For newborn infants give residence of mother)	
County	Cric	fiel	đ	State Maryland County Somerset	t
City or town(If ou	12		TAYTES A V 3 A A	Chiafiald	
How long in above place of	death? Life	time		(If outside city or town limits, write RURAL and give	nearest town)
Hospital, Institution, or s				Street No. Maryland Avenue	
	Mary	Land	Avenue	(If rural, give LOCATION)	
How long in hospital or	institution?			2.(a) If veteran, name war	************
3. (a) FULL NAME				3. (b) Social Securi	ty Number
	PAUL	TH	OMAS CULLEN		
4, Sex	5. Color or race	6.(a)Sin	gle, married, widowed, or divorced	M MEDICAL CERTIFICATION	words
Male	White	W:	idowed	20. DATE OF DEAT March 2. O. 19. H	7.30
6.(b) Name of husband o	r wife Paul	ine :	Richardson	21. I ERTIFY that death occurred on the dage above stated, that lattended d	
	Dece	ased	.(c) If alive, give ageyear	NEOG Whan 3 000	00
7. Birth date of deceased (mo., day, yr.	Turno		1984	and that I last saw h	19
8. AGE: Years	Months	Days	If less than one day	Immediais cause nf desth	DURATION
62	8	26	hrs min	Myocarditis	7
9. Birthplace	Crisfi	eldps	Somerset-Md.	Due to.	
3. Dittipledomini	Town,	eounty, and	ed & Coal Deale		
10. Usual occupation	Kectre	d re	ed & coal beare	Bue to be	
11. Industry or business				**************************************	
	Tacoh	H. CI	illen	Do O	*******
12. Name			RFD, Md.	Other conditions	
				(Include pregnancy within Strenths of (Include pregnancy within Strent	7.5 No.
当 14. Maiden name	Arinth	a Be.	<u> </u>	Diver conditions (Include pregnancy within a goat to of Bratin A. E. Major findings of sperations.	XAARIA D.
14. Maiden name	Crisfi	eld 1	RFD, Md.		MER
13. Sittiplace	Harold			M M A C	4363
16. Informant			***************************************	PHYSICIAN: Please underline the cause to which death should be charge	ged statistically.
Address			RFD, Md.		
17	Burial	Date th	ereo March 23,1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation,	or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or cremator	¥		Cemetery	Where did Injury occur?	(State)
	Crisfi	eld 1	RFD, Md.	injured at home, farm, industry, public place (where?)	
Location			Bradshaw	Means of Injury Injured at work?	
18. Funeral director			***************************************	TA LANGE	
Address	Crisfi	eld,	Na /	1 1 million	whit
march	33 49	K	2. Johnson h	2) SIGNAURE M.	mil , ,
(Date rec'd by reg	istray)	/l.	2d, Registra	driss while www Bate to	ed 21, T
1				700	



03176

CERTIFICATE OF DEATH

	3	1	-	
Reg. Dist. No		6		(

- 1		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City or town.	State mary land county Somerset
	(If outside city or townshinits, write KURAL and live nearest town)	City or town. (If outside city or town limbs, write RURAL and give nearest town)
	How long in above place of death?	Streel No.
		(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Gorfield Fields	3. (b) Social Security Number
	4. Sex Solor or race 8.(a) Single, married, widowed, or divorced Norse	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH 27 1947 1947 1947
	B.(b) Name of husband or wife Lucy Fisher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7. Birth dale of Yes age years	and that I last saw h long. alive on
	deceased (mo., day, yr.)	Immediate cause of desth
	78 — — min.	Lebar Preumonia 7 days
	8. Birthplace (Topyh, county, and state)	Due to
	1D. Usual occupation Kabo	Due to.
	11. Industry or business	00E 10
	12. Name Colored Tuelds	Other conditions
		(Include pregnancy within 3 months of death)
	14. Maiden name Sarah Julis Julis 15. Birthplace Dances Quarter	Major findings of operations.
	El 15. Birthplace Tamer Schauer	Dale of op.
	16. Informant	Autopsy results
	Address Need 7.4	22. VIOLENCE: It death was due to external causes, fill in the following;
	(Burlal, cremation, or 1970) of (Which?)	Accident, suicide, or homicide
	Cemetery or cremsory	Where did injury occur?
	Location Margare Resolution	Injured at home, farm, industry, public place (where?)
	18. Funeral director. A Sturble A	Means of Injury Injured at work?
	Address NEOCHSLAND NO	23. SIGNATURE CLARE G. Warsman
	19 Mich 25 1947 Rosa Welster	M. D. or other
	(Date rec'd by registrar) Registrar	Address Pro Cesa Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore 93-7

CERTIFICATE OF DEATH

03177 eg. Dist. No. 3600

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanty give residence of mother) State City or town (If outsidecity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Charles Milbourne Fo 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH MERICAL (9 9 19 7) 21 7 6 M
6.(b) Name of husband or wifs Landa Chamberline Fo	TICERTIFY that death occurred on the dats above stated; that jattended deceased from 19. to Manual 7.19. 2. and that I last saw h. M. L. alive on Manual Company 18.
deceased (mo., dsy. yr.) \$ 7.5 8. AGE: Years Months Days If less than one day	Immediais cause of death
9. Birthplace Management James MA 10. Usual occupation Tarmer 11. industry or business	Due to.
12. Name John Hontaine 13. Birthplace Manopin	Other conditions
16. Informant Dirginia Container Address Bultunger md.	Major findings of operations Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Sesbasteria.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Dala Dashell	Injured at home, farm, Industry, public place (where?)
Address Gencess Cegina in a 19 March 20, 19 47 Ray Johnson M (Date rec'd by registrar)	Address Address Delice Cell Date signed The Control of the Control of the Cell of Date signed The Cell

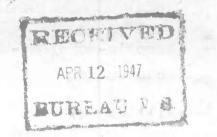
MAR 22 1947 BURBAIL A

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

03178 Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Gounty	omerse	<u></u>		Warrel and Samangat		
City or town	anokin	ita muita Pi	URAL and give nearest town)			
How long in above place of de	Lifet	time	OTAL and give nearest towny	City or town Manokin (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street	et address where de	eath occurred	•			
				Street No		
How long in hospital or inst	itution?	***************************************	***************************************	2.(a) If veleran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
	fo man mod	- Com	dnon	None		
	largare	6 (a)Single	d. married, widowed, or divorced			
4. Sex 5.	COID OF TACE	U.(W) WIII BIC	in mailies, wisowes, of situices	MEDICAL CERTIFICATION		
Female	White	W:	idowed	20. DATE OF DEATH March 27 19 47, 21 9.00 7		
6.(b) Name of husband or w	Geor	rge W	Gardner	20 1 OBRITY that death occurred on the date above stated: that I attended the asset from		
				She was dood when is		
) It alive, give ageyears	and that I last saw human loalla - 19		
deceased (mo., day, yr.) A	lugust 1			Interdisia cause of death Cardial Schools DURATION		
8. AGE: Years	Months	Days	It less than one day	To accinomica of		
95	7	13	hrsmln.			
9. Birthplace	Manokin-	-Some:	rset-Maryland	Due to. / Oco S		
F	louse wi					
10, 0000		r.m	***************************************	Due to C		
11. Industry or business	72332	787	2 - 1-			
2			ick	Other conditions		
	Manokin,	Mar	yland	(Include pregnancy within 3 months of death)		
H 14. Malden name	Mary Don	rsey				
	Vestove	n Ma	rvland	Major fiadings of operations.		
			Alexander			
TO. MITOI MAIN	***************************************			Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address I	Lizabet	thton	Tenn.	Cott A Co		
17. Bu (Burlai, cremation, or	rial	Date there	(month) (day) (year)	Accident, suicide, or homicide		
(Buriai, cremation, or	removal, Which?)			Accident, Suicide, or nomicide.		
Cemetery or crematory.	Salem Me	thod	ist Cemetery	Where did Injury occur? (County) (State)		
Location	Manokin	Mar	yland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	I. Harve	y Br	adshaw	Meens of Injury Injured at work?		
	risfiel	Ld, M	aryland ,	- whillian , Toulling ,		
M	1. A	K d	I balance M.	(23. SINATURE). M. P. or other (1)		
10 Mar 27	19. (=)	. /\ ://	Registrar	The Marie Mills Will and Soling Shing		



CERTIFICATÉ OF DEATH

2650

CLRITITE	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) State Maryland County Somerset
Crisfield	State Wallyland County SomeTSO
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Broadway (no number)
Broadway	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Roosevelt Jo	hnson
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH Marcel 13 1847 21 12/15 0
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	march 11 th 19.7 to murch 3
	aed that I last saw humanalive on monch 12th 1947.
7. Birth date of November 4, 1910	Immediair causa pl death DURATION
8. AGE: Years Months Days If less than one day	Distriction and enterities 9 days
36 4 9hrs.	min.
Crisfield-Somerset-Md.	"indicated and
9. Birthpiace (Town, county, and state) Seafood Worker	DUE 10.
1D. Usual occupation	Due to Hemorehope from ulaum
11. Industry or business Oyster	de vole une
	Other conditions
E Comomant Co Md	Other Conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations.
Somerset Co., Md.	Dale of op.
Charles C. Morgan	Autopsy results
Address 335 Tyler St., Crisfield	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addiesa	an arrow marget at the the second and an authorial names of the following:
(Ruried cramation or removal Which?) (month) (day) (year	r) Accident, sulcide, or homicide
Cemetery or crematory Lawsonia Cemetery	Where did injury occur?
Lawsonia, Crisfield, Md.	Injured at home, farm, Industry, public place (where?)
LUCATION	Msens of Injury Injured at work?
18. Funeral director	
Address Crisfield, Md.	(23. SIGNATURE S. alexander Posso M.D.
march 15 47 R. S. Char.	M. D. or other
(Date rec'd by registrar)	gistrar Address Crisfield Mad Date signed 3 = 14-1

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

ect age

WHITE PLEASE VS A15



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9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

CERTIFICATE OF DEATH

U318()
Reg. Dist. No. 260

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Somercet	State Me County Somerset
City or town	· P · A
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Streel No.
	(If rural, give LOCATION)
How long in hospital or institution? 3 well as	2.(a) If veleran, name war
3.(a) FULL NAME John William 10	2. mg 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col Single	20. DATE OF DEATH ON arch 164 19. 47. 21 1. 000 M
	21. I CERTIFY that death occurred be the date above stated; that I allended deceased from
6.(b) Name of husband or wife	Ton auch 16 1947, 10 Tonach 16 1947
7. Birth date of Sirth date of	and that I last saw h som alive on Tonarch 16 18 Ja 7
deceased (mo., day, yr.) +cb &b 1944	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
13 — 16hrsmln.	Berebro Shinal Markon - 5 welds
9. Birthplace So merset County (Town, county, and state)	Due to Aitis
(Town, county, and state) 19 Havel accuration Student	
10. Usual occupation	Due to 92) 4x4 0+ 240
11. Industry or business Public School	
12. Name Little tou dines 13. Birthplace So onerset County rose	Other conditions
13. Birthplace So merset County me	(Include pregnancy within 3 months of death)
14. Malden name Ella Dorman	
	Major findings of operations.
	Date of op.
16. Informant Esla) Qing	Autopsy results
Address 1 rim cess Amme Prule 1, D	0
17 Buch Dale thereof 3-19-1947	22. VIOLENCE: If death was due to external causes, flil in the following:
17	Accident, suicide, or homicide
Cemetery or crematory - Mark	Where did injury occur?
location cakerelle, and.	Injured at home, farm, Industry, public place (where?)
William At James Ja	Means of injury injured at work?
18. Funeral director	G P.M
Address Mulles Aune Man	22 SIGNATURE Glave L. Jaursonan
march 18, 47 R. St. Lanson m	D. or other
(Date rcc'd by registrar)	Address rin cess Anne Date signed 3.17.47

BUREAU V 8

1

7. Birth date of deceased (mo., day, yr.)

9. Birthplace ... 1D. Usual occupation 11. Industry or business

13. Birthelad

14. Maiden na 15. Birthplace 14. Maiden name

18. Funeral director

Address

(Burlal, eremation, or reme

(Date rec'd by registrar)

Years

Months

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 971

CERTIFIC

6.(c) If alive, give agy.

It less than one day

Days

M. D. or other

03181

E OF DEATH	Reg. Dist. No	260
2. USUAL RESIDENCE (For newborn infants to	HOME) OF DECEASED:	4
City or town 6 de	cy or town limits, write RUBAL and give ne	
Street No. (We	at dallaffice	••••••
2.(a) It veteran, name war		
7	3. (b) Social Security	Number
	DICAL CERTIFICATION	100
20. DATE OF DEATH	erch 20 1147	180
	ed on the data above stated; that I attended dece	ased from
Jan 10		24 19 4
and that I last saw h	ve on march 24	19.79
Immediate cause of death	0	DURATIO
artis de	Lune .	140
		* ******************
Due ta	***************************************	
	••••••	
Due to		
Due to		
Due to	naney within 3 months of death)	
Due to	naney within 3 months of death)	
Due to	naney within 3 months of death)	statistically.
Due to	naney within 3 months of death) Date of op.	statistically.
Due to	naney within 3 months of death) Date of op. the cause to which death should be charged	statistically.
Due to	naney within 3 months of death) Date of op. the cause to which death should be charged ue to external causes, fill in the tollowing; Date of	statistically.
Due to	naney within 3 months of death) Date of op. the cause to which death should he charged ue to external causes, fill in the tollowing;	

22 SIGNATURE TO

Registrar

Address....

MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF. is especially important.

WRITE

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SECTIVES

MAR 29 1947

BUREAU V 8

1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians; please write the causes of death clearly and

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0)

CERTIFICATE OF DEATH

03182

		3/1/
Reg.	Diat.	No.

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Pural Cristield	siale Maryland County Somerset
City or town	Dumal Controls
How long In above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
Rural. Crisfield	Street No. Near Cash Corner
Ruidi, Offsteru	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE EDWARD McDORMAN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20 DATE DE DEATH MORCH. 6 19 47 21 5.40.
Clara Poleyette	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nusband of wife	mc4 5 1947 to Mach 6 1947
Deceased, b.(c) tf alive, give age	and that I last saw bar alive on Mela 6. 1947
deceased (mo., day, yr.) July 8, 1873	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	acul Del) Hut
73 7 28hrsmtn.	36Cex
Crisfield-Somerset-Md.	Busto Coselal Hormalesql.
(Town, county, and atate)	DUE 10.
1D. Usual occupation Truck Farmer	Due to Classic Out regulars &
11. industry or business Agriculture-	Isma myseulets Pao
	Diher condition James Calina & Olivo
James McDorman 12. Name Marion, Md.	
Maggaline Bradshaw	(Include pregnancy within 8 months of death)
E 14. maiden name	Major findings of operations.
F1 13. Britishace	Date of op.
16. Informant Ernest McDorman	Autopsy results.
Address Crisfield, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burlet cremation or removal Which?) (month) (day) (year)	Accident, suicide, or homtelde
Cemetery or crematory St. Pauls Cemetery	Where did injury occur?
Rural, Marion, Md.	Injured at home, farm, industry, public place (where?)
H. Harvey Bradshaw	Means of Injury Injured at work?
to. Functal Question	
Address Crisfield Md.	23. SIGNATURE FLENS & Carelline m S
Thoch 12 47 Juna & Wilson	M, D, or other
(Date rec'd by registrar) Registrar	Address / Wilm Co Min Date signed Mc4. 8, 11

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MAR 13 1947

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2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

03183 Reg. Dist. No. 2600

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Somerset City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospilal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME CORNELIA MILES POWELL	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20, DATE OF DEATH Smeh 2 1947, 21 245
5.(b) Name of husband or wife James H. Powell	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
Deceased	
7. Birth date of deceased (mo., day, yr.) November 30, 1855	and that I last saw h
8. AGE: Years Months Days It less than one day 2	Immediate cause of death. Carte Comment of the Comm
9. Birthplace	Due to
1t. Industry or business Home	Due to
置 12. Name Matthias Miles	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Caroline Miles	Major findings of operations.
Caroline Miles 14. Malden name	Date of on.
16. Informant Arthur Powell	Autopsy results.
Address Anne, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemelery or crematory. Nanokin Presbyterian Cer	Where did injury occur?
Princess Anne, Md.	Injured at home, farm, Industry, public place (where?)
H. Harvey Bradshaw	Means of Injury Injured at work?
Address Crisfield, Add.	0.4.1
Franch 4, 147 R. D. Johnson, M.	M. D. or other
(Date rec'd by registrar)	Address

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consessive specially important. Physicians: please write the causes of death clearly and legibly

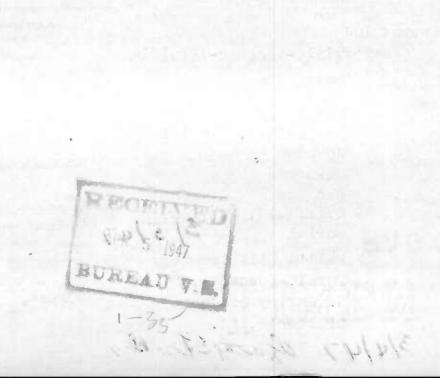


2411 N. Charles St., Baltimore 46-29

CERTIFICATE OF DEATH

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			2	6	~	1
Dag	Dist	No		Apr.		2

N. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crisfield	Siate Maryland County Somerset
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 13 years	Cily or town Crisfield
How long in above place of death? LO years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: West Broadway	Street No. West Broadway
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
JANE RUE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widowed	20. DATE OF DEATH Drasel 1 19 47 at 12:15
Unknown	21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Hame of husband or wife	21. I Destify that death occurred on the date above states; that I attended deceases from
7. Birth date of The land arms (2.7 Market 1997)	and that I last saw h.4.7. alive on 7.2.7. 2.7. 19.4.7.
7. Birth date of deceased (mo., day, yr.) Unknown-Approx 1843	Immediain cause of death
8. AGE: Years Months Days If less than one day	Immediate Chase of death.
Approx 104	
9. Birthplace Mappsville-Accomac-Virginia (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business Home	Due to Due to
Peter Rue 12. Name Mappsville, Virginia	Dither conditions.
	(Include pregnancy within 3 months of death)
T4. maiden name	Major findings of operations
	Date of op
16. Informant' Ben Rue	Autopsy results.
Address Crisfield, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 3/5/47	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?) Date thereof (morth) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory Hall's Hill Cemetery	Where did injury occur?
Rural, Pocomoke, Md.	Injured at home, farm, Industry, public place (where?)
H. Harvey Bradshaw	Means of injury Injured at work?
Cricfield 16	
3/4/1/7 Marker Francis	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registra	Address Date signed



2411 N. Charles St., Baltimore 137-04

CERTIFICATE OF DEATH

03185

Reg. Dist. No. 2600

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Oul Elliot Smith	
4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a a married	MEDICAL CERTIFICATION 2D. DATE OF DEATH. MEDICAL CERTIFICATION 19 712000
6.(b) Name of husband or wife More. Edna Thomas Smith 7. Birth date of deceased (mo., day, yr.) Max 8. AGE: Years Months Days If less than one day Cloself. 65 - hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. Birthplace Morfelle Co. Unguna (Town, county, and state) 10. Usual occupation Seacher 11. Industry or business Prof. of Agriculture Princess Anne Ollege 12. Name Andrew Smith 13. Birthplace Norfolks Co. Virginia	Due to
14. Malden name Patranal Taylor 15. Birthpiace Norlally Co. Virginia 16. Informant Mrs. Edmas Smith	Major findings of operations
Address Tuncis Chane, 17. Bulance Bate thereof 3-23-47 (Burisi, cremstion, of removal. Which?) Cemetery or crematory the surface of the su	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Ames F. Estavant	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
March 22 19 47 R. D. Johnson, V.	20 SIGNATURE Trank mat us hub M. D. or other M. D. or other

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2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

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	Reg. Dist. 140
4. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give seidence of mother)
county Omerse	mariland Samersel
(If outside city or town limits, write RURAL and give nearest town)	State 4
pw long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No. 316 Beckford Are.
316 Beckford Ave.	(If rural, give LOCATION)
bw long in hospital or institution?	2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
tauline Louise Dpen	ce
Sex 5. Color or race 6.(a) Single, margied, widowed, or diverced	MEDICAL CERTIFICATION
single col. single	20. DATE OF DEATH March 4 19 47 at 6:30A
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
, E (a) If allow also ago.	1919
Birth date of Marca 6 4 1947	and that I last saw halive on
deceased (mo., day, yr.) AGE: Years Months Days If less than one day	Immediate cause of death Not Museum DURATION
AGE: Years Months Days If less than one day	
	7 2 5 1 20
Birthplace Princess Anne-Somerset-r	Id Due to Vicus Course
Usual occupation	
	Due to
Industry or business	
12. Name Roland Spence	Other conditions
12. Name Roland Spence 13. Birthplace Venton, md.	(Include pregnancy within 3 months of death)
14. Malden name Betty Wearn	Major fiedings of operations.
14. Malden name Betty Nearn 15. Birthplace Princess Anne, md.	Date of op.
Informant Roland Spence	Autopsy results
JU Bak Pal A . Pal	PHYSICIAN: Please underline the caose to which death should be charged statistically.
m. 1 - 10	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which'), (month) (day) (year)	Accident, suicide, or homicide
cemetery or crematory John Wesley Cometer	
Princess Anna Md.	Injured al home, farm, Industry, public place (where?)
Location Princess Aprile 1710.	Meens of Injury Injured at work?
8. Furneral director Roland Spence	magns of many many
Address Princess Anne ma.	Del blum m. s.
maral 5 47 8 3/(1)	M. D. or other
9. Maria O 19 7 . V. Johnson	trar Address Theren ame, ma Bate signed Mar. 5-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING



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	WITH
) 5	PLAINLY,
9-45-15M	WRITE
CIA CV	PLEASE WRITE

1. PLACE OF DEATH: Somerset				RESIDENCE (HOME		
Crisfield (If outside city or town limits, write RURAL and give nearest town)				Maryland Crisfield		**********
How long in above place of death? Lifetime Hospital, Institution, or street address where death occurred:				(If outside city or town li	mits, write RURAL and give nearest to	own)
w long in hospital or institutio	n?			(If rural, ; in, name war	give LOCATION)	
(a) FULL NAME	mr Anne	Sterling			3. (b) Social Security Numb	er
	or race 6.0	a)Single, married, widowed, or divorced	N N	MEDICAL	CERTIFICATION	
Female W1	hite	Married	2D. DATE OF D	A	29 - 1947 21/1	130
8) Name of husband, or wife 8) with date of deceased (mo., day, yr.)	_1	6.(c) If alive, give age	Ve See	that death occurred on the date	above stated: that aftended deceased fr.	19.4
AGE: Years Mo	onths D	ays If less than one day	00	use of death of	hombosis	OURATIO
. Usual occupationHOI	(Town, count		Land Due to	tiris !	sclerosis	
I. Industry or business	gie S. S	Sterling				
12		, Maryland	Uther conditio	ns		
# 14. Malden name Margaret S. Sterling				(Include pregnancy withi		
14. Malden name Margaret S. Sterling 15. Sirthplace Crisfield, Maryland				s of operations	Qate of op.	
		F. Sterling		lts		
Address Crisfield, Maryland			PHYSICIAN:	Please underline the cause t	o which death should be charged statistic	ically.
	rial D	ate thereof April 1,	Accident, suic	CE: If death was due to external lde, or homicide ury occur?	Date of	
Cr		, Maryland			vn) (County) (State (where?)	te)
B. Funeral director	***************************************		Means of Inja		Injured at work?	
		Maryland		A My-x	Juliany	~h



2411 N Charles St Baltimore

2411 N. Charles St., Baltimore	30
CERTIFICATE OF DEA	TH

03188 Reg. Diat. No. 2 (a. S.

g v · · · · · · · · · · · · · · · · · ·	0
1. PLACE OF DEATH:	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Mary 1 and County Sprace +
(If outside city or town limits, write RURAL and give hearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nuspital, institution, of sitest address where death openion.	Street No. (If rursi, glve LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Verren	5.(6) bottal becarry Namber
4 Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tende 19th Widow	20. DATE OF DEATH Mek 2/5d 1947 at 630
Esust Vieres	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Sept 154 1946 10 March 21 1947
7. Birth date of	and that last saw her alive on 1 march 200 1947
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate canse of death
8. AGE: Gall Million	£1. (20)
	Chronic Imyocarditis a spars
9. 8irthplace	Ouo to.
10. Usual occupation. Atomese Lectus	
11. Industry or business . Rabon	Due to
	Other conditions
12. Name Messey Class Class 13. Birtholace Paules Landles	
	(Include pregnancy within 3 months of death)
14. Maiden name Herrica Lucies Lucies	Major findings of operations.
ZI 15. Birthplace Aucus Lucial	Date of op.
16, Informant	Autopsy results
Address	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17 Date thereof	Accident, suicide, or homicide
(Burial, cremation or personal, Which?) Date thereof (monit) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Que account	Injured at home, farm, industry, public place (where?)
18. Funeral director h Herbiche	Means of Injury Injured at work?
Address Deal Island Hed	a course (of does of Marksman
Zuch 25 47 Do Malate	23, SIGNATURE. M. D. or other
19. (Date rec'd by registrar) Registrar	Address Princess Amne 1200 Date signed 9.24.47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M VS A15



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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County	
Cily or town	State County County
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. R & Co ==== 1
V	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
drawy Whelton	214-03-5097
4. Sex 5. Color or race 6.4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widows	20. DATE OF DEATH. 7 7 19 M
6.(b) Name of husband or wife locates	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Teal whom is want
7. Birth dale of A	and that I last saw h
deceased (mo., day, yr.) 10ct 29 1878	Immediate cause of death
8. AGE: Years Months Dâys If less than one day	L'A A A TO
68 H 23hrsmin.	Her Ad moreones
9. Birthplace	ope to Piloto
1.()	www.
10. Usual occupation	Due to Buyle - Short
	Other conditions A O O CONTROL M.
12. Name Shormas JX W heltow	Frouved Sky Couldon MINER
14 Maiden name Marson Carmus	(Include pregnancy within 8 months of death)
14. Maiden name. The second of	(Include pregnancy within 8 reputyors death) Major findings of operations. DEPUTY MEDICAL MAD. Autopsy results.
16. Informant Rux Sommer Som	(Autoba) (Cantra
Address Crustures	PHYSICIAN: Please underline the cause to which death should be charged statistically.
31-140	22. VIOLENCE: If death was due to external causes, fill in the following
(Burial, cremation, or removal. Which?) Date thereof (month) (luay) (year)	Accident soiste or Amiciae
Cemetery or crematory	When diff m(m) occidents (Copyty) (State)
Location Cruspice Q	Injused at home grarm, Industry, public place (where
18. Funeral director. State of the Consequence of t	Major or fajors
Address 306 main St	no notes
Hey 47 R. S. Johnson n.	Da Johnson J. I gother 7
19. (Date cc'd by registrar)	Dail Stepho 7 T



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (23)

03189₂

Reg. Diat. No. 245

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Ewell Smith Island	Stale Maryland County Somerset		
City or town	Ewell. Smith Island		
How long in above place of death? Lifetime	City or town. Ewell, Smith Island (If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No. Rural		
Rural	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
SARAH OLIVIA WHITELOCK			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed			
	2D. DATE DF DEATH. March 22, 19 47, 212: 15 P		
5.(b) Name of husband or wife John E. Whitelock	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Deceased	Nov. 16, 1946 to March 22, 1947		
Deceased 6.(c) If alive, give ageyears	and that I last saw h.C.T. alive on		
deceased (mo., day, yr.) April 14, 1874	Immediate cause of death Arterioscleratic DURATION		
8. AGE: Years Months Days If less than one day	heart disease with decompen- Unknown		
72 11 8hrsmin.	sation and edema Cardiaca		
	Sacion and odoma caraca		
9. Birthplace Ewell-Somerset-Maryland (Town, county, and state)	Due 10		
Housewife			
1B. Usual occupation	Due to.		
11. Industry or business Home			
Thomas C. Evans	Diher conditions.		
Thomas C. Evans 12. Name Ewell, Md.			
	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of uperations		
Ewell, Md.	Date of op.		
Ren C Whitelook	Autopsy results		
10. Inturnant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Ewell, Md.	22. VIOLENCE: If dealh wae due to external causes, fill in the following:		
Burial (Burial, cremation, or removal, Which?) Burial (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Ewell M. E. Cemetery	Where did Injury occur? (City or town) (County) (State)		
Ewell, Smith Island, Md.	Injured at home, farm, induetry, public, place (where?)		
18. Funeral director H. Harvey Bradshaw	Meane of Injury Injured at work?		
	00 - 00 0		
Address Crisfield, Md.	23 SIGNATURE TM. G. Chanbors		
March 25 47 R 31 Jahns 4	N. A. Friall Manuel and		
19 (Date rec'd by registrar)	Address Date signed		



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

CEPTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Ob. B. Whittington	3. (b) Social Security Number 2/4-18-4809
4. Sex 5. Color or race (S.A.) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH 201 1947 of 1035 m
6.(6) Hame of husband or wife Maggie There for	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death See of Hearth Burnarion Due to Please assure of hearth Search Searc
10. Usual occupation	Due to
12. Name Source Source County 13. Birthplace Source County 14. Malden name Sally Sloyd 15. Birthplace Somerset County	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Description	Antopsy results
Address 17. But 17 47 (Burlal, cremation, ur removal, Which?) Cemetery or crematory family Cemetary	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Mariona Tilghman 18. Funeral director Long L Mr. Tilghman	Where did injury occur?
Address Ination Ond. Theh 12	23. SIGNATURE Supplement of Dellement of M. D. or other Address of the Manager of Manag

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